

Amendments to the Specification:

Listing of Claims:

Please replace the paragraph beginning on page 2, line 2 with the following amended paragraph:

The number of patients suffering from these diseases has been slightly increasing year by year but no effective remedies or prophylaxis have been found (~~"Immunodeficiency due to medicament", Men-eki Kagaku (Immunological Science), Vol. 9, p.285-289 (1984) Ed. by Yuichi Yamamura, Chuzo Kishimoto, Robert A. Good~~) (Nobuo Watanabe, "Pharmacotherapy on juvenile rheumatoid arthritis", Rheumatism, 1996, Vol. 36, No. 4, p. 670-675). Currently, for treatment of these diseases, there have been employed pharmacotherapy including administration of Salazopyrin, 5-aminosalicylic acid, azathioprine, 6-MP, tranilast, methotrexate, cyclosporine A, or metronidazole, and administration of an excess amount of 7S-immunoglobulin; surgical therapy such as thymectomy or replacement with artificial joint; or symptomatic therapy such as nutritional therapy (Yoichi Ichikawa et al. "Study on efficacy of long-term administration of methotrexate and salazosulfapyridine on rheumatoid arthritis case" Rheumatism, 1995, Vol. 35, p.663-670; Sadao Kashiwazaki, "Study on efficacy of combination of

auranofin and methotrexate on rheumatoid arthritis", Rheumatism, 1996, Vol. 36, p.528-544; Takefumi Furutani et al., "Detrimental event in therapy with low dose methotrexate on rheumatoid arthritis", Rheumatism, 1996, Vol. 36, p.746-752; Nobuo Watanabe, ~~"Pharmacotherapy on juvenile rheumatoid arthritis", Rheumatism, 1996, Vol. 36, p.670-675~~ Immunological Science, 1984, Vol. 9, p.285-289 Ed. By Yuichi Yamamura, Chuzo Kishimoto, Robert A Good, "Immunodeficiency due to medicament; Takayasu Yakura, ~~"Immunosuppressive therapy: Treatment of autoimmune diseases", Sogo Rinsho, 1981, Vol. 30, p.3358;~~ and Shin Totokawa et al., "Study on methotrexate therapy in rheumatoid arthritis: Seeking for strategy of more effective administration", Rheumatism, 1997, Vol. 37, p.681-687). However, these therapies are not eradicated but rather are disadvantageous in that they may cause severe adverse side effects due to long-term ingestion of medicaments. Thus, it is desired to develop more effective prophylactics/remedies and therapy.

Please replace the paragraph beginning on page 5, line 3 with the following amended paragraph:

Kim C. et al. reported that lupus nephritis in MRL/lpr mice, model mice of Systemic lupus erythematosus (hereinafter referred to as "SLE"), could be suppressed by

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previously administering SEB (Kim C. et al., Journal of Experimental Medicine, 1991, vol. 174, p.~~1131~~ 1431-1437). Rott O. et al. also reported that SEB was previously administered to a system of Experimental Allergic Encepharomyelitis (hereinafter referred to as "EAE") to induce immunological tolerance in T cells bearing the V β 8TCR responsive to SEB to thereby suppress the disease (Rott O. et al., International and ~~National~~ Immunology, ~~1991, vol. 4, p.347~~ 1992, Vol. 4, No. 3, p.347-353). These results suggest a possibility that SEB may be used as a vaccine to allow for prevention of specific autoimmune diseases.